

Date Questionnaire ___/___/___

Participant's ID Number.....

STUDY GiBiEx QUESTIONNAIRE

Please answer the following questions concerning your personal infomations and present health status

PARTICIPANT'S INFORMATION		
Nursing Home		
Date Admission.....	Marital Status	
Ethnicity.....	Education (years).....	
Weight (current).....Kg		
Height m		
Sex M F	Date of Birth___/___/___	Age.....

SMOKING HABITS			
Have you ever smoked ?	NO	Yes	EX-Smoker
If Ex Smoker, How long have you not smoked?	(from 1-6 months)	(from 7-12 months)	(more 1 year)

MEDICAL HISTORY
<i>(You can make more than one choice and indicate your disease)</i>
CARDIOVASCULAR DISEASES:
PATHOLOGIES OF THE BLOOD AND LYMPHATIC SYSTEM:
RESPIRATORY DISEASES:
GASTROINTESTINAL DISEASES:
HEPATIC DISEASES:
DISEASES OF THE GENITOURINARY SYSTEM:
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES:
DISEASES OF THE MUSCULOSKELETAL SYSTEM
PSYCHIATRIC DISORDERS:
NEUROLOGICAL DISEASES:
<i>Other:</i>

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DRUG THERAPY			
DRUG N.	DRUG NAME	FREQUENCY OF DRUG ADMINISTRATION	PRESCRIPTION DRUG DOSAGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			